MISSOURI DIVISION OF HEALTH — STANDARD CERTIFICATE OF DEATH
DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-013192
STATE FILE NUMBER

Registration District No. **318** Primary Registration District No. **1003** Registrar's No. **3151**

1003

FILED APR 6 1962

DO NOT WRITE ON THIS STUB   **AMENDED**

VS 300 Rev. 4/59

1	
2	20 19
3	
4	0
5	1
6	
7	0
8	2
9	
10	
11	
12	90-0
13	
	90

DATE AMENDED — AMENDMENTS ON THIS RECORD ARE AS FOLLOWS — INSTEAD OF — SHOULD READ — DOCUMENT

USE BLACK INK OR TYPEWRITER RIBBON

ITEM NO. — BY AFFIDAVIT OF

1. PLACE OF DEATH
a. COUNTY

b. CITY OR TOWN St. Louis   Length of stay in 1b

c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) 4137 Quincy   Inside Limits Yes ☐ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Mo.   b. COUNTY

c. CITY OR TOWN St. Louis   Inside Limits Yes ☐ No ☐

d. STREET ADDRESS (If outside, give location) 4137 Quincy   Reside on Farm Yes ☐ No ☐

3. NAME OF DECEASED (Type or print)
First: Walter   Middle: H.   Last: Sievers

4. DATE OF DEATH Month March Day 21 Year 1962

5. SEX Male   **6. COLOR OR RACE** White   **7.** Married ☒ Never Married ☐ Widowed ☐ Divorced ☐   **8. DATE OF BIRTH** April 21, 1897   **9. AGE (last birthday)** 64   IF UNDER 1 YEAR Months 11 Days 0   IF UNDER 24 HR Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Salesman   **10b. KIND OF BUSINESS OR INDUSTRY**   **11. BIRTHPLACE** (City and state or country) St. Louis, Mo.   **12. CITIZEN OF WHAT COUNTRY** U.S.A.

13a. FATHER'S NAME Henry Sievers   **13b. MOTHER'S MAIDEN NAME** Frances Dippel   **14. NAME OF HUSBAND OR WIFE** Helen Sievers

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Yes   1st. W. War   **16. SOCIAL SECURITY NO.**   **17. INFORMANT** Helen Sievers   Address 4137 Quincy

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b) and (c))

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a) Coronary occlusion - (probable)

DUE TO (b) Arteriosclerotic Heart Disease

420·0

DUE TO (c)

INTERVAL BETWEEN ONSET AND DEATH: immediate

OK. Paul Berger Dep. Med. Exam. ... 62

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)
① Arteriolar nephrosclerosis c̄ Azotemia ② Gout

PART III. If deceased was female was there a pregnancy in last 90 days? ☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒   **20a. ACCIDENT** ☐ **SUICIDE** ☐ **HOMICIDE** ☐   **20b. DESCRIBE HOW INJURY OCCURRED.** (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY Hour a.m. p.m.   Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐   **20e. PLACE OF INJURY** (e.g., in or about home, farm, factory, street, office bldg., etc.)   **20f. CITY, TOWN, OR LOCATION**   COUNTY   STATE

21. I attended the deceased from Dec. 1955 to present and last saw him alive on 3/21/62
Death occurred at 6:45 A. m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE E.V. Henschel M.D. per Chas G. Obermeyer, M.D. (Degree or title)   **22b. ADDRESS** 4401 Hampton   **22c. DATE SIGNED** 3/23/62

23a. BURIAL, CREMATION, REMOVAL (Specify) Removal   **23b. DATE** Mar. 24, 1962   **23c. NAME OF CEMETERY OR CREMATORY** St. Pauls Churchyard   **23d. LOCATION** (City, town, or county) St. Louis, County, Mo.

24. FUNERAL DIRECTOR ADDRESS Schumacher's 3013 Meramec St.   **25. DATE RECD. BY LOCAL REG.** MAR 23 1962   **26. REGISTRAR'S SIGNATURE** Earl Smith M.D.

Dr. Obermeyer
4401 Hampton
FL, 1-4300

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

or by _____, Student Embalmer No._____

working under my personal supervision.

Student_____   Signed___*Jack Haupt*_____
　　　　　Signature of Student Embalmer

Licensed Embalmer No.___*4746*___

P. O. Address___*St Louis Mo*___

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).
　　　If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
　　　If this body is not embalmed, fact should be so stated above.